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Factors Influencing Postnatal Services Utilisation Among Mothers at Kiuth MCH Clinic, Bushenyi District

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ABSTRACT

In Africa, at least 125,000 women and 870,000 newborns die within the first week after birth each year, yet this period has the lowest coverage of healthcare programs along the continuum of care. This study assessed the factors influencing the utilization of postnatal care (PNC) services among mothers attending the Maternal and Child Health (MCH) clinic at Kampala International University Teaching Hospital (KIUTH) in Bushenyi District. The study aimed to determine the socio-demographic, cultural, and hospital-related factors affecting the utilization of PNC services at KIUTH. A descriptive study design was employed, involving 138 participants selected through convenient sampling. Data were collected using structured questionnaires. Findings revealed that only 57 mothers (41.3%) utilized postnatal care services frequently. Significant factors influencing PNC utilization included maternal age (18–30 years) with a p-value of 0.002 and an odds ratio of 0.65 (0.26–14.01), as well as post-primary education level with a p-value of 0.014 and an odds ratio of 0.44 (0.35–7.18). Additionally, the presence of husbands accompanying their spouses to seek PNC services was associated with higher utilization. Easy accessibility of PNC services was also a significant factor, with an odds ratio of 0.27 (0.36–4.25) and a p-value of 0.004. The study concluded that postnatal care service utilization remains low. To improve uptake, the government should conduct mass sensitization campaigns to enhance mothers' awareness of PNC services. Additionally, health workers should engage in community outreach programs to promote awareness and accessibility of PNC services.

Keywords: Postnatal Care (PNC) Utilization, Maternal Health, Socio-Demographic Factors, Healthcare Accessibility, Community Sensitization.

INTRODUCTION

The World Health Organization (WHO) defines the postnatal period as beginning one hour after the delivery of the placenta and continuing until six weeks (42 days) after childbirth [1]. Despite being a critical period for both mother and newborn, postnatal care (PNC) remains underutilized, particularly in developing regions where maternal and neonatal mortality rates are high [2,3]. In Uganda the average maternal mortality ratio stood at 328 per 100,000 live births [4] However, the burden of maternal mortality is not evenly distributed, with developing regions disproportionately affected. Sub-Saharan Africa alone accounted for 62% (179,000) of global maternal deaths, followed by Southern Asia at 24% (69,000) [5]. In Africa, approximately 125,000 women and 870,000 newborns die within the first week after birth each year, yet healthcare programs and coverage are at their lowest during this critical period [6,7]. A study by Izudi and Amongin [8] conducted in Soroti, Eastern Uganda, across nine health facilities, found that out of 357 women aged 15–49 years who had delivered in the previous year, only 90 attended PNC services. The study established a significant correlation between PNC attendance and factors such as formal employment and education on postnatal care schedules. Additionally, women attending private health facilities were more likely to utilize PNC services than those in public facilities [9]. Postnatal care is crucial for maintaining the health of both the mother and newborn. It provides an opportunity for healthcare professionals to monitor, identify, and manage potential complications [10]. However, utilization of PNC services remains low in Uganda. It was reported that only 10% of mothers fully utilized postnatal care services, with Western Uganda recording a rate of 1,000 mothers per 100,000 delivering mothers [11]. Given that 99% of the 287,000 maternal deaths recorded annually occur in

developing countries, increased focus on PNC utilization is essential [12].

Sub-Saharan Africa continues to have the highest maternal mortality ratio (MMR) at 510 per 100,000 live births. Ethiopia also records one of the highest MMRs globally [8]. Countries with similarly high MMRs include Nigeria (0.6%), Bangladesh (0.4%), Ethiopia (0.2%), and India (0.15%) [9]. In Bushenyi, South-Western Uganda, observed that rural women, often illiterate and economically disadvantaged, experience high morbidity rates, with over 70% reporting illness at any given time [13]. Despite the significant role PNC plays in reducing maternal and neonatal mortality, limited information exists on the factors affecting its utilization. This study aimed to identify factors influencing PNC service utilization among mothers attending the Maternal and Child Health (MCH) clinic at Kampala International University Teaching Hospital (KIUTH) in Bushenyi.

METHODOLOGY

Study Design

A cross-sectional hospital-based study design was used to conduct the study.

Study Area

The study was conducted at the Maternal and Child Health (MCH) clinic of Kampala International University Teaching Hospital (KIU-TH) in Ishaka Town, Bushenyi District, Western Uganda. KIU-TH is a private hospital with specialized clinics, including the Antenatal Care (ANC) and Maternal and Child Health (MCH) clinics. It also has inpatient departments such as surgical, medical, pediatrics, and private wards.

The hospital is located approximately 100 meters north of the junction of Ntungamo-Kasese Road and Mbarara-Ishaka Road. It is approximately 77 kilometers (48 miles) west of Mbarara, the largest city in the sub-region, and about 360 kilometers (224 miles) southwest of Kampala, the capital and largest city of Uganda. The geographical coordinates of Ishaka-Bushenyi Municipality are 0°32'40.00"N, 30°8'16.00"E (Latitude: -0.544445; Longitude: 30.137778).

Study Population

The study included all mothers who had delivered within 42 days and were attending the Maternal and Child Health clinic at Kampala International University Teaching Hospital during the study period. Only those who consented to participate were included.

Sample Size Determination

The sample size for the study was determined using the statistical formula:

$N=ZX^2P(1-P)/d^2$.

N= Sample required

P= proportion of mothers using postnatal services 10%.

ZX= Level of significance (1.96) for confidence interval 95% d= standard error of deviation = 0.05

$$N=\frac{1.96^2 \times 0.1(1-0.1)}{0.05^2}$$

N= 138 were selected.

Sampling Technique

A convenient sampling method was used, as mothers were accessing the facility at different time intervals, making it easier for the researcher to reach them. This method also allowed for quick data collection within the limited study timeframe.

Inclusion Criteria

All postnatal mothers attending the Maternal and Child Health clinic at Kampala International University Teaching Hospital during the study period.

Mothers who consented to participate in the study.

Exclusion Criteria

Mothers requiring urgent medical attention.

Mothers who did not consent to participate in the study.

Definition of Variables

Dependent Variable: Postnatal care service utilization among mothers.

Independent Variables: Socio-economic, cultural, and hospital facility-related factors influencing postnatal care utilization.

Data Collection Tools

The study utilized questionnaires, calculators, pens, and record entry sheets for data collection.

Data Collection Procedure

Participants completed structured questionnaires. The collected data was then compiled and computed to generate comprehensive results for analysis.

Data Analysis and Presentation

Both qualitative and quantitative techniques were used for data analysis. Descriptive statistics were employed for exploratory data analysis. Findings were presented using frequency counts, score tables with percentage variations, and graphical charts.

Quality Assurance and Quality Control

A pre-tested questionnaire was used to ensure reliability.

Rigorous data management techniques, including cross-checking and validation of forms and data entry, were employed.

Research assistants were trained and oriented on their roles, research ethics, and the importance of maintaining confidentiality.

Ethical Considerations

The study's purpose was explained to all eligible respondents, and informed consent was obtained before their participation.

Confidentiality was maintained; participants' names were not used for identification, and only initials or numbers were recorded.

Approval to conduct the study was obtained from the Research Committee of Kampala International University - Western Campus.

Participation was purely voluntary, and this was emphasized to all respondents.

Limitations of the Study

The researcher faced time constraints as the study was conducted alongside other academic programs.

Financial challenges were present, as outlined in the budget.

RESULTS

Prevalence of post Natal care utilization

Table 1: Showing utilization of PNC services among mothers

PNC service utilization	Frequency	Percentage
Frequency	57	41.3
Rarely	81	59.0

From table one above, mothers were asked if they frequently or rarely use PNC service utilization in which majority 81(59.0%) of the participant said they rarely use PNC services while at least 57(41.3%) said they frequently use PNC services after delivery.

Association between social demographic factors and PNC service utilization

Table 2: Showing association between demographic factors and PNC service utilization

Demographic factors	Good PNC service utilization		Poor PNC service utilization		Odds Ratio	p-value
	Freq.(57)	%age	Freq.(81)	%age	95%CI	<0.05Sg
Age						
18-30	38	66.7	30	37.0	Ref	
31-40	19	33.3	51	63.0	0.65(0.26-14.01)	0.002
Education						
Primary	27	47.4	64	79.0	Ref	
Post primary	30	52.6	17	21.0	0.44(0.35-7.18)	0.014
Employment status						
Peasant	46	80.7	58	71.6	Ref	
Formerly employed	11	19.3	23	28.4	0.81(0.63-4.20)	0.823
Income level						
>5 dollars	16	28.1	10	12.3	Ref	
< 5 dollars	41	71.9	71	87.7	0.95(0.92-84.2)	0.049

Sg; significance less than 0.05; PNC; post Natal Care Service

From table two above, which shows association between demographic factors and PNC service utilization showed that majority of the participants who had gotten post-natal care service utilization were aged 18-30 38(66.7%) while at least 51(63.0%) of the participants with poor service utilization were aged 31-40, the study showed that age of between 18-30 was significantly associated with good PNC service utilization at an odds ratio of 0.65(0.26-14.01) and the p –value of 0.002

The study also showed that the majority of participants with good PNC service utilization had attended post-primary education, 30 (52.6%), while at least 64 (97.0%) of the participants with poor PNC service utilization had only attended primary-level education. The study further revealed that having a post-primary level of education was significantly associated with good PNC service utilization, with a p-value of 0.014 and an odds ratio of 0.44 (0.35-7.18). Additionally, the study indicated that the majority of participants, both with good and poor PNC service utilization, 46 (80.7%) and 58 (71.6%) respectively, were peasant farmers. The findings suggest that employment status was not significantly associated with PNC service utilization, with a p-value of 0.823 and an odds ratio of 0.81 (0.63-7.18). Furthermore, the study showed that the majority

of participants, both with good and poor PNC service utilization, earned less than 5 dollars a day-41 (71.9%) and 71 (87.7%), respectively. The findings indicate that a mother's income level was not significantly associated with PNC service utilization, with an odds ratio of 0.95 (0.92-8.42) and a p-value of 0.049.

Cultural factors and post-natal care service utilization

Table 3: Showing association between cultural factors and utilization of post-natal care services

Cultural factors	Good PNC service utilization		Poor PNC utilization		Odds Ratio	p-value
	Freq(57	%age	Freq (81)	%age	95% CI	<0.05sg
Decision making on PNC						
Made by mother	52	91.2	56	69.1	Ref	
Made by husband	05	8.8	25	30.9	0.81(0.25-7.13)	0.646
Husband goes with mothers						
Yea	29	50.9	21	25.9	Ref	
No	28	49.1	60	74.1	0.67(0.30-4.81)	0.022
Family perception on PNC						
Good	49	86.0	66	81.5	Ref	
Poor	08	14.0	15	18.5	0.25(0.13-2.24)	0.321

Sg ; significance less than 0.05 ; PNC Post Natal Care

From table three above, shows association between cultural factors and PNC service utilization shows that majority of the mothers both with good and poor service utilization made their own decisions on when and where to seek PNC services at a p-value of 0.646 and odds ratio of 0;81(0.25-7.13) the study shows that decision making to seek PNC services was not significantly associated with its utilization. In the study participants were also asked if their husbands accompany them when seeking PNC service in which majority of the participants with good PNC services29(50.9%) said their husbands accompany them while 60(74.1%) of those with poor said their husbands did not accompany them the study shows that husbands accompanying their spouses to seek PNC services were significantly associated with its good utilization at a p-value of 0.022 and odds ratio of 0.67(0.30-4.81). The study also showed that the participants were also asked for their family member's perception on PNC service utilization if they frequently used PNC services in which majority of the participants both with good and poor PNC service utilization said their family members had good perception towards PNC services utilization at odds ratio of 0.025(0.13-2.24) and p- value of 0.321

Hospital facility factors and PNC service utilization

Table 4: Association Between Hospital Facility Factors and PNC Service Utilization

From Table 4, which presents the association between hospital facility factors and PNC service utilization, the study showed that the majority of participants with good PNC service utilization reported that PNC services were easily accessible. In contrast, 41 (50.6%) of those with poor PNC service utilization stated that accessing social services was difficult. The findings indicate that easy accessibility of PNC services was significantly associated with good PNC service utilization, with a p-value of 0.004 and an odds ratio of 0.27 (0.36-4.25). Additionally, the table reveals that the majority of participants stated that they received good quality care from health services. However, the study also shows that mothers' opinions on the quality of care at the hospital were not significantly associated with PNC service utilization, with a p-value of 0.075 and an odds ratio of 0.08 (0.92-6.12). The study further found that most participants with good PNC service utilization reported that healthcare supplies were always available at health facilities, whereas at least 46 (56.8%) of those with poor PNC service utilization stated that healthcare supplies were not available. The availability of healthcare supplies in health facilities was significantly associated with good PNC service utilization, with an odds ratio of 0.01 (0.34-9.13) and a p-value of 0.001. Lastly, the study showed that the majority of participants, both with good and poor PNC service utilization, stated that the conduct of health workers was good. However, the study findings indicate that mothers' perception of health workers' conduct was not significantly associated with PNC service utilization, with an odds ratio of 0.32 (0.73-7.52) and a p-value of 0.246.

Table 4: Hospital facility factors and PNC service utilization

Hospital factor	Good PNC utilization		Poor PNC utilization		95%CI	P-Value
	Freq.(57)	%age	Freq.(81)	%age	95% CI	<0.05sg
PNC accessibility						
Easily accessible	47	82.5	40	49.4	Ref	
Difficult to access	10	17.5	41	50.6	0.27(0.36-4.25)	0.004
Quality of care						
Good	50	87.7	70	86.4	Ref	
Poor	07	12.3	11	13.6	0.08(0.92-6.12)	0.075
Health care supplies						
Available	44	77.2	35	43.2	Ref	
Un available	13	22.8	46	56.8	0.01(0.34-9.13)	0.001
Conduct of Hws						
Good	55	96.5	73	90.1	Ref	
Poor	02	3.5	08	9.9	0.32(0.73-7.52)	0.246

Sg; significance less than; 0.05 PNC Post Natal Care

DISCUSSION

Prevalence of Postnatal Care Utilization

From the study, the majority of mothers, 81 (59.0%), reported that they rarely used postnatal care (PNC) services, while at least 57 (41.3%) stated that they frequently utilized PNC services after delivery. This could be attributed to poor sensitization of mothers regarding the availability of PNC services. Compared to other studies, these findings differ from those of Fikirte et al. [15], who conducted a study in Ethiopia assessing mothers' knowledge, perception, and utilization of PNC. Their study found that 84.39% of women were aware of and considered PNC necessary. The biggest challenge remains the lack of awareness regarding the types of PNC services available, as most mothers only recognize immunization and family planning as PNC services.

Association Between Sociodemographic Factors and PNC Service Utilization

The study found that the majority of participants who utilized PNC services were aged 18-30 years (38, 66.7%), whereas at least 51 (63.0%) of those with poor PNC service utilization were aged 31-40 years. The study revealed that being aged 18-30 years was significantly associated with good PNC service utilization, with an odds ratio of 0.65 (0.26-14.01) and a p-value of 0.002. This could be because younger mothers are more concerned about child and maternal health due to their lack of experience with delivery challenges, prompting them to seek maternal healthcare more frequently. Compared with other studies, Timlison suggested that a mother's age serves as a proxy for accumulated knowledge about PNC services, positively influencing their utilization [16]. Similarly, Graham et al. [17] argued that the development of modern medicine and improvements in women's education have enhanced younger women's knowledge of healthcare services, encouraging them to seek PNC and value modern medicine more. The study also indicated that the majority of participants with good PNC utilization had attended post-primary education (30, 52.6%), whereas at least 64 (97.0%) of those with poor PNC utilization had only attained a primary-level education. The findings revealed that having post-primary education was significantly associated with good PNC service utilization, with a p-value of 0.014 and an odds ratio of 0.44 (0.35-7.18). This could be attributed to better-educated mothers having greater access to information about PNC services. Studies by Moss et al. [18] similarly highlighted that a mother's educational level significantly impacts her decision to seek PNC, especially in rural settings. Another study by Shaikh et al. [19] found that educated women are more aware of health problems, understand healthcare availability, and use this knowledge effectively to maintain good health.

Employment status was not significantly associated with PNC service utilization, as the majority of participants, both with good (46, 80.7%) and poor (58, 71.6%) utilization, were peasant farmers. The study reported a p-value of 0.823 and an odds ratio of 0.81 (0.63-7.18). Peasant farmers often have limited time to access PNC services due to their agricultural responsibilities and restricted access to information. Comparatively, Kiwanuka et al. [20] found that women engaged in gainful employment are more likely to seek PNC services, as employment empowers them to make independent health decisions. Similarly, Sheeba et al., [21] noted that women involved in economic activities were more

likely to attend PNC services and manage post-delivery complications. Income level was also not significantly associated with PNC utilization, as the majority of participants with good (41, 71.9%) and poor (71, 87.7%) PNC utilization earned less than $5 per day. The study reported an odds ratio of 0.95 (0.92-8.42) and a p-value of 0.049, suggesting that low-income levels could prevent mothers from affording the costs associated with PNC services. A study by Gyawali et al. [22] found that women whose husbands were business owners or civil servants, or those who had their own income, were more likely to attend PNC services and manage post-delivery complications.

Cultural Factors and Postnatal Care Service Utilization

The study found that most mothers, regardless of PNC utilization status, made their own decisions about when and where to seek PNC services. The findings revealed that decision-making was not significantly associated with PNC utilization, with a p-value of 0.646 and an odds ratio of 0.81 (0.25-7.13). In many cultural settings, husbands play a critical role in determining whether a mother can seek PNC services. Compared with other studies, Tomlison et al. [23] found that cultures that lack autonomy for women often result in passive health-seeking behaviors. The study also found that 29 (50.9%) of participants with good PNC utilization reported that their husbands accompanied them, while 60 (74.1%) of those with poor utilization said their husbands did not accompany them. The study showed that husband accompaniment was significantly associated with good PNC utilization, with a p-value of 0.022 and an odds ratio of 0.67 (0.30-4.81). Husbands provide social support, which encourages mothers to seek PNC. Sarin A. et al. [24] observed that reproductive health has been predominantly feminized, excluding men from active involvement in maternal health issues. They suggested that men should be educated about maternal health whenever they accompany their spouses to health facilities.

Hospital Facility Factors and PNC Service Utilization

The study found that the majority of participants with good PNC utilization reported that PNC services were easily accessible, while 41 (50.6%) of those with poor utilization said accessing social services was difficult. The study revealed that easy accessibility to PNC services was significantly associated with good utilization, with a p-value of 0.004 and an odds ratio of 0.27 (0.36-4.25). Thisted [25] similarly found that geographical and physical accessibility significantly influence PNC utilization, with distance being a key barrier in developing countries. Additionally, the study found that most participants reported receiving good quality care, although mothers' opinions on hospital care quality were not significantly associated with PNC utilization (p-value: 0.075, odds ratio: 0.08 (0.92-6.12)). Kiwanuka et al. [20] emphasized that poor quality of care discourages women from seeking PNC, highlighting the need for hospitals to improve service quality to attract more clients.

The study also showed that the availability of healthcare supplies was significantly associated with good PNC utilization, as 46 (56.8%) of those with poor utilization reported a lack of supplies. The findings reported an odds ratio of 0.01 (0.34-9.13) and a p-value of 0.001. King et al.[26] noted that inadequate healthcare supplies and staff shortages contribute to low PNC utilization globally.

CONCLUSION

The study concludes that only 57 (41.3%) of mothers frequently used PNC services. Age 18-30 years (p-value: 0.002) and post-primary education (p-value: 0.014) were significant factors for good PNC utilization. Additionally, husband accompaniment (p-value: 0.022) and easy accessibility to PNC services (p-value: 0.004) were significant factors influencing utilization.

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